

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>MS</i>	<i>62814</i>	<i>9/11/02</i>
O.I.P.E. CLASSIFIER		<i>13</i>	<i>9/15/02</i>
FORMALITY REVIEW	<i>FH</i>	<i>5C856</i>	<i>10-13-00</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

BEST AVAILABLE COPY

Rejected N ..... Non-elected  
 Allowed I ..... Interference  
 (Through numeral) Canceled A ..... Appeal  
 Restricted O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
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5	✓
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Claim	Date
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If more than 150 claims or 10 actions  
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